



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Rcd.
10-22-14
1:15 PM

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers: apr 09/03/14 to 10/19/14	
1. Committee I.D. Number 150579	4. Candidate Last Name Davis First Name Joe M.I.
2. Committee Name Joe Davis For County Commissioner	4a. Office Sought Including District # or Community Served (If applicable) 4th District County Commissioner
5. Committee's Mailing Address 909 N. Wenona Street Bay City, MI 48706 Area Code and Phone _____ If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	4b. County of Residence 6. Treasurer's Name & Residential Address Ali Senk 405 S. Catherine St. Bay City, 48706 Area Code & Phone _____
7. Treasurer's Business Address 415 Washington Ave. Bay City, MI 48706 Area Code and Phone _____	8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Joe Davis 989 N. Wenona St. Bay City, MI 48706 Area Code and Phone _____
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11-4-2014	Required ONLY if candidate is not on the ballot bt qprnsxd' q <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9c. <input type="checkbox"/> @ dnci dmsn B' l o' if mRs sdi dms 'Bnl okid ldl 8' +8a+8b nq8d sn hrcb' si v gfbg Rs sdi dmslr adlnf amended-) 9d. Dissolution of Candidate Committee <input type="checkbox"/> By bgdbj lmf qgr ldl HV d bdcfex' mx nt s's mchf cdas ax qd bnl l ltee to the b' mch' sd nqgr nqgdqronr rd tr gdp ax discharged and forgiven and no longer bnlkdskd anl the committee. Sgd bnl l ladd g' r mn nt s's mchf 'rrds+ nv dr mn R ddr addr nqg' r ' mx nt s's mchf cdas Et qgdq+esge chrrnk dnmbs' mmsad f q' mdc+sg' ssglr ad bnmfcdqic' qpt drsngqd Qdonqmf V' hndq Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Rbgdct kd 1B and the Summary Page.
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record Keeper <u>Ali Senk</u> Type or Print Name <u>Signature</u> Date <u>10-21-14</u>	
Candidate <u>Joe Davis</u> Type or Print Name <u>Signature</u> Date <u>10-21-14</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number _____

2. Committee Name _____

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	1,975.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	1,975.00	(18.) \$ 2,225.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$		(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	3,635.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	3,635.00	(23.) \$ 3,834.64
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	1,795.56	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	1,975.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	3,770.56	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	3,635.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	135.56 *	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe Davis for County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/14</u> Name & Address: <u>Ronald Martin</u> <u>6789 Maple Rd.</u> <u>Ludington, MI 49431</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Operator's Union local #324</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/14</u> Name & Address: <u>Joel Gougeon</u> <u>241 Donahue Beach</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Lobbyist</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>250.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/14</u> Name & Address: <u>Terry Kelly</u> <u>164 Bay Shore Dr.</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>GM</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/14</u> Name & Address: <u>Vaughn Begick</u> <u>5353 Lorraine Ct.</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PA</u> Employer <u>Redi Med</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal \$550.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$550.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe Davis For County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/14</u>		
Name & Address: Robert Bloenk 1111 N. Water St. Bay City, MI 48708			\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Teacher</u>			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/14</u>		
Name & Address: Dennis Poirier 1265 Orchard Rd. Essexville, MI 48732			\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Teacher</u>			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/08/14</u>		
Name & Address: Alvin Ortnier 11405 King Rd. Frankenmuth, MI 48734			\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Farmer</u>			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/08/14</u>		
Name & Address: Patricia Shorkey 53 Wheeler Rd. Bay City, MI 48706			\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>County Clerk employee</u> Employer <u>County Clerk's office</u>			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

Page Subtotal \$275.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



1. Committee I.D. Number 150579

2. Committee Name Joe Davis For County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10/10/14
Name & Address: Kathleen Janer 1701 Mosher Street Bay City, MI 48706		\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	10/14/14
Name & Address: Bay County Republican Party PO Box 426 Bay City, MI 48706		\$ 1000.00	\$ 1000.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10/14/14
Name & Address: Harlan Halvorsen 2200 Neithammer Drive Bay City, MI 48706		\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Mental Health</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal	\$1,150.00
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Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$1,975.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150579
2. Committee Name Joe Davis For County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>US Postmaster</u> Address <u>Washington Avenue</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/17/14</u> Date	\$ <u>245.00</u>
Expenditure #2 Name <u>US Postmaster</u> Address <u>Washington Avenue</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/14</u> Date	\$ <u>245.00</u>
Expenditure #3 Name <u>Mid Michigan Printing</u> Address <u>3849 Rogers Road</u> <u>Midland, MI 48642</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/14</u> Date	\$ <u>345.00</u>
Expenditure #4 Name <u>Winning Strategies</u> Address <u>515 Morrish Road</u> <u>Flushing, MI 48433</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign mailing & Lit</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/14</u> Date	\$ <u>2800.00</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$3,635.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$3,635.00

Enter this total
on line 8a of
Summary Page